

## ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION P.O. BOX 19506

SPRINGFIELD, ILLINOIS 62794-9506

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FOR APPLICANT'S USE				
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Date:		_ / _		_ /
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Source	Desig	gnati	on:	

	FOR AGENCY USE ONLY
EXCESS EMISSIONS, MONITORING	ID NUMBER:
EQUIPMENT DOWNTIME, AND MISCELLANEOUS REPORTING	PERMIT #:
FORM	DATE:

THIS FORM IS TO BE USED TO REPORT THE FOLLOWING:

- EXCESS ÉMISSIONS, I.E., THE AMOUNT OF EMISSIONS EXCEEDS THAT OF AN EMISSION STANDARD, PERMIT LIMIT OR OTHER APPLICABLE REQUIREMENT
- DOWNTIME OF EMISSIONS MONITORING OR OTHER COMPLIANCE MONITORING EQUIPMENT IS NOT SPECIFIED IN THE PERMIT
- MISCELLANEOUS INCIDENTS OF POSSIBLE NONCOMPLIANCE TO AN APPLICABLE REQUIREMENT

	SOURCE INF	ORMATION	· · ·
1) SOURCE NAME:			
Advanced Disposal Zion Landfill, Inc.			
2) DATE FORM		3) SOURCE ID NO.	
PREPARED:		(IF KNOWN):	İ
September 30, 2015		097200AAV	
	GENERAL INF	ORMATION	
4) INDICATE WHICH OF THE FOLLOW	VING THIS FORM IS BEIN	IG USED TO REPORT:	
EXCESS EMISSIONS			
DOWNTIME OF EMISSIONS M SPECIFIED IN THE PERMIT	IONITORING OR OTHE	ER COMPLIANCE MON	NITORING EQUIPMENT NOT
X MISCELLANEOUS INCIDENT	OF POSSIBLE NON C	OMPLIANCE	
5) PERIOD COVERED BY THIS REPOR	RT:		
FROM	:8/1/15_	TO:8/31	/15
6) NAME AND PHONE NUMBER OF PE	RSON TO CONTACT FO	R QUESTIONS REGARDI	ING THIS REPORT:
NAME: James A. Lewis	TITLE:	General Manager	
PHONE#: <u>(847) 599-5910</u> EXT:			
		<del>-</del>	<del></del> -

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

APPROVED BY THE FORMS	MANAGEMENT CENTER	
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EXCESS EMISSIONS
7) IDENTIFY THE EMISSION UNIT(S) AND ASSOCIATED CONTROL EQUIPMENT WHICH EXCEEDED AN EMISSION STANDARD, PERMIT CONDITION LIMIT, OR OTHER APPLICABLE REQUIREMENT (IF ADDITIONAL SPACE IS NEEDED FOR THIS SECTION, ATTACH AND LABEL AS EXHIBIT 405-1):
N/A – Not Applicable. There were no excess emissions generated.
8) IDENTIFY THE EMISSION STANDARD(S) OR LIMIT(S) THAT WAS EXCEEDED:
N/A
9a) PROVIDE THE TYPE(S) AND AMOUNT(S) OF EMISSIONS THAT OCCURRED DURING THE EXCEEDANCE IN UNITS IDENTICAL TO THAT OF EACH EMISSION STANDARD OR LIMIT THAT WAS EXCEEDED:
N/A
b) ATTACH THE CALCULATIONS, TO THE EXTENT THEY ARE AIR EMISSIONS RELATED, ON WHICH THESE EMISSIONS WERE BASED AND LABEL AS EXHIBIT 405-1.
10) DURATION OF EXCEEDANCE (E.G., 1 HOUR & 50 MINUTES):
N/A
11) DATE OF OCCURRENCE OF EXCEEDANCE:
N/A
12) DESCRIBE THE EXCEEDANCE INCIDENT, INCLUDING THE SUSPECTED OR KNOWN CAUSE OF THE EXCEEDANCE:
N/A
13) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF THE EXCEEDANCE INCIDENT:
N/A
14) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE EXCEEDANCES:
N/A
UNPERMITTED DOWNTIME OF MONITORING EQUIPMENT
15) IDENTIFY THE MONITORING EQUIPMENT WHICH WAS NONFUNCTIONAL, INCLUDING THE MONITORED PARAMETER AND THE EMISSION UNIT(S) AND/OR CONTROL EQUIPMENT BEING MONITORED:
N/A
16) DATE MONITOR WAS DOWN:
N/A
17) DURATION OF MONITOR DOWNTIME (E.G., 1 HOUR & 50 MINUTES):
N/A
18) DESCRIBE THE SUSPECTED OR KNOWN CAUSE OF THE MONITOR FAILURE:
N/A
19) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF MONITOR FAILURE:
N/A
20) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE FAILURES:
N/A

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MISCELLANEOUS INCIDENT
21) DESCRIBE THE INCIDENT AND IDENTIFY THE EMISSION UNIT(S) AND CONTROL EQUIPMENT INVOLVED:
Due to loss of power at the site, there was 1 period when the gas system control devices (both flares and all engines) did not operate for more than one hour.
22) PROVIDE THE RULE(S) OR PERMIT CONDITION(S) WHICH MAY HAVE BEEN VIOLATED (IF APPLICABLE):
Report all periods during which the control device was not operating for more than one hour; report duration of each event (40 CFR 60.757(f)(3))
4.1.2.c.ii.B- Pursuant to 40 CFR 60.755(e), the provisions of 40 CFR 60 Subpart WWW shall apply at all times, except during periods of start-up, shutdown, or malfunction shall not exceed 5 days for collection systems and shall not exceed 1 hour for treatment or control devices.
23) DATE OF OCCURRENCE OF THE INCIDENT:
8/2/15
24) DURATION OF THE INCIDENT (E.G., 1 HOUR & 50 MINUTES):
• 8/2/15- 22:04 – 23:48 (1 hr 44 min)
25a) PROVIDE THE TYPE AND AMOUNT OF EMISSIONS THAT OCCURRED DURING THE INCIDENT IN UNITS IDENTICAL TO THAT OF EACH EMISSION STANDARD OR LIMIT (IF APPLICABLE):
N/A – There were no emissions exceedances since the control system is designed to automatically shut off the gas flow rate when the control devices are down.
b) ATTACH THE CALCULATIONS, TO THE EXTENT THEY ARE AIR ÉMISSIONS RELATED, ON WHICH THESE EMISSIONS WERE BASED AND LABEL AS EXHIBIT 405-3.
26) DESCRIBE THE SUSPECTED OR KNOWN CAUSE OF THE INCIDENT:
8/2/15- Loss of Mains
27) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF THE INCIDENT:
N/A. The site cannot control power loss to the site.
28) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE INCIDENTS:
N/A
29) PROVIDE ANY OTHER PERTINENT INFORMATION:

SIGNATURE B	LOCK
NOTE: THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFIC WILL BE RETURNED AS INCOMPLETE.	
30) I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION CONTAINED COMPLETE.	RMATION AND BELIEF FORMED AFTER REASONABLE IN THIS APPLICATION ARE TRUE, ACCURATE AND
AUTHORIZED SIGNATURE:	
BY: Junea a. Jeuns	General Manager
AUTHORIZED SIGNATURE	TITLE OF SIGNATORY
James A. Lewis	9 1 30 1 15
TYPED OR PRINTED NAME OF SIGNATORY	DATE

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